

BINGHAM MCCUTCHEN

RECEIVED  
CENTRAL FAX CENTER

AUG 28 2006

## Facsimile

DATE: August 28, 2006

Bingham McCutchen LLP  
1900 University Avenue  
East Palo Alto, CA  
94303.2223650.849.4400  
650.849.4800 fax

bingham.com

Boston  
Harford  
London  
Los Angeles  
New York  
Orange County  
San Francisco  
Silicon Valley  
Tokyo  
Walnut Creek  
Washington

	NAME	FAX	PHONE
TO:	Examiner Irakli Kiknadze U.S. Patent and Trademark Office	571-273-8300	571-272-2493

FROM:	Sheila A. Badon sheila.badon@bingham.com	(650) 849-4800	(650) 849-4455
-------	---	----------------	----------------

PAGES: (INCLUDING THIS COVER PAGE): 5

RE: U.S. Patent Application Serial No: 10/801,947  
 Entitled: Breathing Synchronized Computed Tomography Image Acquisition  
 Filed: March 15, 2004  
 Attorney Docket No. VM7031432001

## MESSAGE:

## Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[X] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner Irakli Kiknadze at Facsimile No. 571-273-8300.

Dated: August 28, 2006

Name of Person Certifying:

Printed Name: Sheila Badon

## Enclosed:

- Transmittal (1 pg.);
- Fee Transmittal (1 pg);
- Request for Continued Examination (1 pg);
- Petition for Extension of Time (one month) (1 pg).

For transmission problems, please call (650) 849-4825

The information in this transmittal (including attachments, if any) is privileged and confidential and is intended only for the recipient(s) listed above. If you are neither the intended recipient(s) nor a person responsible for the delivery of this transmittal to the intended recipient(s), you are hereby notified that any unauthorized reading, distribution, copying or disclosure of this transmittal is prohibited. If you have received this transmittal in error, please notify us immediately at (same telephone number as in first paragraph - will duplicate) and return the transmittal to the sender. Thank you.

Timekeeper No:	27577	Client/Matter No:	2018721-7031432001	DATE/TIME STAMP
Client/Matter Name:	Varian Medical Systems Technologies, Inc.			
Return To:	Sheila Badon	Floor No:	04	

PA/52188239.1

AUG 28 2006


PTO/SB/21 (09-04)

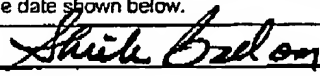
Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/801,947
		Filing Date	March 15, 2004
		First Named Inventor	Hassan Mostafavi
		Art Unit	2882
		Examiner Name	Irakli Kiknadze
Total Number of Pages in This Submission	4	Attorney Docket Number	VM7031432001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply (pgs). <input type="checkbox"/> After Final (pgs). <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Formal Drawing(s) (sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Correct Inventorship <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE)
<div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b>    </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Bingham McCutchen LLP		
Signature			
Printed Name	Gerald Chan		
Date	August 28, 2006	Reg. No.	51,541

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Sheila Badon	Date	August 28, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PA/52188241.1/2018721-7031432001

AUG 28 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL for FY 2006</h2> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete If Known</p> <table border="1"> <tr> <td>Application Number</td> <td>10/801,947</td> </tr> <tr> <td>Filing Date</td> <td>March 15, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Hassan Mostafavi</td> </tr> <tr> <td>Examiner Name</td> <td>Irakli Kiknadze</td> </tr> <tr> <td>Art. Unit</td> <td>2882</td> </tr> <tr> <td>Attorney Docket No.</td> <td>VM7031432001</td> </tr> </table>		Application Number	10/801,947	Filing Date	March 15, 2004	First Named Inventor	Hassan Mostafavi	Examiner Name	Irakli Kiknadze	Art. Unit	2882	Attorney Docket No.	VM7031432001
Application Number	10/801,947														
Filing Date	March 15, 2004														
First Named Inventor	Hassan Mostafavi														
Examiner Name	Irakli Kiknadze														
Art. Unit	2882														
Attorney Docket No.	VM7031432001														
<p><b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>910.00</b></p>															

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 502518 Deposit Account Name: Bingham McCutchen LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
-20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
- 3 or HP= _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

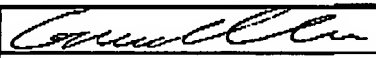
\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination (RCE); Petition for Extension of Time (1 month) **910.00**

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	51,541	Telephone	650-849-4960
Name (Print/Type)	Gerald Chan	Date	August 28, 2006		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.